

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| | | | | | | | | | | | |
|---|--|---|---|---|---|----------------------------------|------------------------|---------------------------------------|----------------------------|--------------|--|
| PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 | | | | Application or Docket Number 10/534,606 | | Filing Date 02/22/2006 | | <input type="checkbox"/> To be Mailed | | | |
| APPLICATION AS FILED – PART I | | | | | | OTHER THAN SMALL ENTITY | | | | | |
| (Column 1) | | | (Column 2) | | SMALL ENTITY <input type="checkbox"/> | | OR | | | | |
| FOR | | NUMBER FILED | | NUMBER EXTRA | | RATE (\$) | | FEE (\$) | | | |
| <input type="checkbox"/> BASIC FEE (37 CFR 1.16(a), (b), or (c)) | | N/A | | N/A | | N/A | | N/A | | | |
| <input type="checkbox"/> SEARCH FEE (37 CFR 1.16(k), (l), or (m)) | | N/A | | N/A | | N/A | | N/A | | | |
| <input type="checkbox"/> EXAMINATION FEE (37 CFR 1.16(o), (p), or (q)) | | N/A | | N/A | | N/A | | N/A | | | |
| TOTAL CLAIMS (37 CFR 1.16(i)) | | minus 20 = | | * | | X \$ = | | X \$ = | | | |
| INDEPENDENT CLAIMS (37 CFR 1.16(h)) | | minus 3 = | | * | | X \$ = | | X \$ = | | | |
| <input type="checkbox"/> APPLICATION SIZE FEE (37 CFR 1.16(s)) | | If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). | | | | | | | | | |
| <input type="checkbox"/> MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j)) | | | | | | | | | | | |
| * If the difference in column 1 is less than zero, enter "0" in column 2. | | | | | | | | | | | |
| APPLICATION AS AMENDED – PART II | | | | | | TOTAL | | | | TOTAL | |
| (Column 1) | | | | | | (Column 2) | | (Column 3) | | SMALL ENTITY | |
| AMENDMENT | 06/18/2009 | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | | PRESENT EXTRA | | RATE (\$) | | |
| | Total (37 CFR 1.16(i)) | | * 20 | | Minus | | ** 20 | | = 0 | | |
| | Independent (37 CFR 1.16(h)) | | * 3 | | Minus | | ***3 | | = 0 | | |
| | <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s)) | | | | | | | | | | |
| | <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) | | | | | | | | | | |
| | TOTAL ADD'L FEE | | | | | | OR | | RATE (\$) | | |
| | TOTAL ADD'L FEE | | | | | | OR | | ADDITIONAL FEE (\$) | | |
| AMENDMENT | (Column 1) | | (Column 2) | | (Column 3) | | SMALL ENTITY | | OTHER THAN SMALL ENTITY | | |
| | RATE (\$) | | ADDITIONAL FEE (\$) | | RATE (\$) | | ADDITIONAL FEE (\$) | | | | |
| | X \$ = | | OR | | X \$ = | | 0 | | | | |
| | X \$ = | | OR | | X \$ = | | 0 | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| TOTAL ADD'L FEE | | | | | | OR | | TOTAL ADD'L FEE | | | |
| TOTAL ADD'L FEE | | | | | | OR | | RATE (\$) | | | |
| TOTAL ADD'L FEE | | | | | | OR | | ADDITIONAL FEE (\$) | | | |
| * | | | | | | * | | * | | | |
| ** | | | | | | ** | | ** | | | |
| *** | | | | | | *** | | *** | | | |
| * | | | | | | * | | * | | | |
| ** | | | | | | ** | | ** | | | |
| *** | | | | | | *** | | *** | | | |
| * | | | | | | * | | * | | | |
| ** | | | | | | ** | | ** | | | |
| *** | | | | | | *** | | *** | | | |
| * | | | | | | * | | * | | | |
| ** | | | | | | ** | | ** | | | |
| *** | | | | | | *** | | *** | | | |
| * | | | | | | * | | * | | | |
| ** | | | | | | ** | | ** | | | |
| *** | | | | | | *** | | *** | | | |
| * | | | | | | * | | * | | | |
| ** | | | | | | ** | | ** | | | |
| *** | | | | | | *** | | *** | | | |
| * | | | | | | * | | * | | | |
| ** | | | | | | ** | | ** | | | |
| *** | | | | | | *** | | *** | | | |
| * | | | | | | * | | * | | | |
| ** | | | | | | ** | | ** | | | |
| *** | | | | | | *** | | *** | | | |
| * | | | | | | * | | * | | | |
| ** | | | | | | ** | | ** | | | |
| *** | | | | | | *** | | *** | | | |
| * | | | | | | * | | * | | | |
| ** | | | | | | ** | | ** | | | |
| *** | | | | | | *** | | *** | | | |
| * | | | | | | * | | * | | | |
| ** | | | | | | ** | | ** | | | |
| *** | | | | | | *** | | *** | | | |
| * | | | | | | * | | * | | | |
| ** | | | | | | ** | | ** | | | |
| *** | | | | | | *** | | *** | | | |
| * | | | | | | * | | * | | | |
| ** | | | | | | ** | | ** | | | |
| *** | | | | | | *** | | *** | | | |
| * | | | | | | * | | * | | | |
| ** | | | | | | ** | | ** | | | |
| *** | | | | | | *** | | *** | | | |
| * | | | | | | * | | * | | | |
| ** | | | | | | ** | | ** | | | |
| *** | | | | | | *** | | *** | | | |
| * | | | | | | * | | * | | | |
| ** | | | | | | ** | | ** | | | |
| *** | | | | | | *** | | *** | | | |
| * | | | | | | * | | * | | | |
| ** | | | | | | ** | | ** | | | |
| *** | | | | | | *** | | *** | | | |
| * | | | | | | * | | * | | | |
| ** | | | | | | ** | | ** | | | |
| *** | | | | | | *** | | *** | | | |
| * | | | | | | * | | * | | | |
| ** | | | | | | ** | | ** | | | |
| *** | | | | | | *** | | *** | | | |
| * | | | | | | * | | * | | | |
| ** | | | | | | ** | | ** | | | |
| *** | | | | | | *** | | *** | | | |
| * | | | | | | * | | * | | | |
| ** | | | | | | ** | | ** | | | |
| *** | | | | | | *** | | *** | | | |
| * | | | | | | * | | * | | | |
| ** | | | | | | ** | | ** | | | |
| *** | | | | | | *** | | *** | | | |
| * | | | | | | * | | * | | | |
| ** | | | | | | ** | | ** | | | |
| *** | | | | | | *** | | *** | | | |
| * | | | | | | * | | * | | | |
| ** | | | | | | ** | | ** | | | |
| *** | | | | | | *** | | *** | | | |
| * | | | | | | * | | * | | | |
| ** | | | | | | ** | | ** | | | |
| *** | | | | | | *** | | *** | | | |
| * | | | | | | * | | * | | | |
| ** | | | | | | ** | | ** | | | |
| *** | | | | | | *** | | *** | | | |
| * | | | | | | * | | * | | | |
| ** | | | | | | ** | | ** | | | |
| *** | | | | | | *** | | *** | | | |
| * | | | | | | * | | * | | | |
| ** | | | | | | ** | | ** | | | |
| *** | | | | | | *** | | *** | | | |
| * | | | | | | * | | * | | | |
| ** | | | | | | ** | | ** | | | |
| *** | | | | | | *** | | *** | | | |
| * | | | | | | * | | * | | | |
| ** | | | | | | ** | | ** | | | |
| *** | | | | | | *** | | *** | | | |
| * | | | | | | * | | * | | | |
| ** | | | | | | ** | | ** | | | |
| *** | | | | | | *** | | *** | | | |
| * | | | | | | * | | * | | | |
| ** | | | | | | ** | | ** | | | |
| *** | | | | | | *** | | *** | | | |
| * | | | | | | * | | * | | | |
| ** | | | | | | ** | | ** | | | |
| *** | | | | | | *** | | *** | | | |
| * | | | | | | * | | * | | | |
| ** | | | | | | ** | | ** | | | |
| *** | | | | | | *** | | *** | | | |
| * | | | | | | * | | * | | | |
| ** | | | | | | ** | | ** | | | |
| *** | | | | | | *** | | *** | | | |
| * | | | | | | * | | * | | | |
| ** | | | | | | ** | | ** | | | |
| *** | | | | | | *** | | *** | | | |
| * | | | | | | * | | * | | | |
| ** | | | | | | ** | | ** | | | |
| *** | | | | | | *** | | *** | | | |
| * | | | | | | * | | * | | | |
| ** | | | | | | ** | | ** | | | |
| *** | | | | | | *** | | *** | | | |
| * | | | | | | * | | * | | | |
| ** | | | | | | ** | | | | | |